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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/729,725
Filing Date	December 4, 2003
First Named Inventor	John Paul WEIRICH
Art Unit	3739
Examiner Name	Matthew T. Kaszlejua
Attorney Docket Number	

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div> <p>Response to Office Action</p>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	John Weirich		
Date	October 22, 2006	Reg. No.	

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

John Paul Weirich

Serial No.: 10/729,725

Filed: December 4, 2003

For: Capsule Imaging System

Art Unit: 3739

Examiner: Matthew J. Kasztejna

Tel: (571) 272-6086

Office Action: August 24, 2006

Confirmation No.: 4004

**CERTIFICATE OF FAXING OR MAILING**

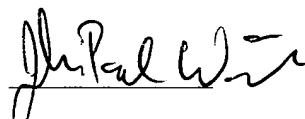
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John Paul Weirich

**RESPONSE TO CLAIMS REJECTIONS UNDER 35 USC §103**

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Dear Sir:

[0001] This paper is responsive to the Office communication mailing date August 24, 2006, which is an Office Action Summary – Disposition of Claims. If possible, it is requested that the examiner contact me, by phone perhaps, to suggest any possible claim edits he might think are possible, before issuing a final action on this application.

**REMARKS**